

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sheldon J. Finkel, DDS
3044 McGhee Road
Montgomery, AL 36111

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Heather Daniel*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Heather Daniel

C. Date of Delivery

1/10/06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2:06 CV 5 St

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

7005 0390 0000 5265 0370

102595-02-M-1540